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(54) **A PHARMACEUTICAL COMPOSITION COMPRISING A SUSPENSION OF TOTAL CELLS
OBTAINED FROM HAIR FOLLICLE AND PLASMA DERIVED GROWTH FACTORS FOR TREATING
ALOPECIA**

PHARMAZEUTISCHE ZUSAMMENSETZUNG MIT EINER SUSPENSION AUS GANZEN, VON
HAARFOLLIKELN GEWONNENEN ZELLEN UND AUS PLASMAABGELEITETEN
WACHSTUMSFAKTOREN ZUR VERWENDUNG IN DER BEHANDLUNG VON ALOPEZIE

COMPOSITION PHARMACEUTIQUE COMPRENANT UNE SUSPENSION DE CELLULES TOTALES
OBTENUES À PARTIR D'UN FOLLICULE PILEUX ET DE FACTEURS DE CROISSANCE DÉRIVÉS
DU PLASMA POUR L'UTILISATION DANS LE TRAITEMENT DE L'ALOPÉCIE

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Description

FIELD OF THE INVENTION

5 **[0001]** The invention relates to pharmaceutical compositions and cosmetic methods for treating hair loss and regenerating hair follicles. Specifically, the invention relates to pharmaceutical compositions comprising a suspension of hair progenitor cells obtained from a complete hair follicle and plasma derived growth factors for treating hair loss or regenerating hair follicles.

10 BACKGROUND OF THE INVENTION

[0002] Follicular neogenesis is defined as the generation of new hair follicles (HF) after birth. Humans are born with a full complement of HF, which can change in size and growth characteristics as in early baldness or can ultimately degenerate and disappear as in late stages of baldness or in permanent scarring (cicatricial) alopecias. Therefore, the generation of new HF is desirable in the treatment of common baldness as well as less common hair loss conditions, such as discoid lupus erythematosus, congenital hypotrichosis, lichen planopilaris and other scarring alopecias.

SUMMARY OF THE INVENTION

20 **[0003]** The present invention is defined by the claims.

[0004] A first aspect of the invention refers to a method of obtaining a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors which comprises the following steps:

- 25 a. Obtaining a tissue sample (an isolated tissue sample) comprising at least one complete hair follicle from the subject, preferably from the occipital region of the head of the subject;
- b. Incubating the tissue in a suspension of plasma derived growth factors, preferably obtained from the subject; for a period of time between 15 minutes and 1 hour at a temperature of approximately 37 °C; and
- c. Removing the tissue fragments from the product of step b); preferably by filtration;

30 wherein in this method the cells from the tissue obtained from the sample of step a) **are not** enzymatically digested, for example by using collagenase. In this sense, the cells from the sample of step a) are mechanically or manually digested and are not enzymatically digested. In a preferred embodiment, the claimed method consists of the claimed steps.

[0005] A preferred instance of the first aspect of the invention refers to a method of obtaining a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors, which comprises the following steps:

- a. Obtaining a tissue sample (an isolated tissue sample) comprising at least one complete hair follicle from the subject, preferably from the occipital region of the head of the subject;
- b. Optionally, washing the tissue obtained from step a);
- 40 c. Incubating the tissue in a suspension of plasma derived growth factors, preferably obtained from the subject; for a period of time between 15 minutes and 1 hour at a temperature of 37 °C;
- d. Homogenizing the cell composition of step c) by means of a mechanical or manual homogenizer such as a Potter homogenizer; and
- e. Removing the tissue fragments from the product of step d); preferably by filtration;

45 wherein in this method the cells from the tissue obtained from the sample of step a) **are not** enzymatically digested, for example by using collagenase. In this sense, the cells from the sample of step a) are mechanically or manually digested and are not enzymatically digested.

[0006] A preferred instance of the first aspect of the invention refers to a method of obtaining a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors, which comprises the following steps:

- a. Obtaining a tissue sample (an isolated tissue sample) comprising at least one complete hair follicle from the subject, preferably from the occipital region of the head of the subject;
- 55 b. Optionally, washing the tissue obtained from step a), preferably the washing step is done more than one time;
- c. Incubating the tissue in a suspension of plasma derived growth factors, preferably obtained from the subject; for a period of time between 15 minutes and 1 hour at a temperature of approximately 37 °C;
- d. Homogenizing the cell composition of step c) by means of a mechanical or manual homogenizer such as a Potter

homogenizer; and

e. Removing the tissue fragments from the product of step d); preferably by filtration;

wherein in this method the cells from the tissue obtained from the sample of step a) **are not** enzymatically digested, for example by using collagenase. In this sense, the cells from the sample of step a) are mechanically or manually digested and are not enzymatically digested.

[0007] A preferred embodiment of the first aspect of the invention refers to a method of obtaining a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors, which comprises the following steps

- a. Obtaining a tissue sample (an isolated tissue sample) comprising at least one complete hair follicle from the subject, preferably from the occipital region of the head of the subject;
- b. Optionally, washing the tissue obtained from step a), preferably this washing step is done more than one time;
- c. Incubating the tissue in a suspension of plasma derived growth factors, preferably obtained from the subject; for a period of time of approximately 30 minutes at a temperature of approximately 37 °C;
- d. Homogenizing the cell composition of step c) by means of a mechanical or manual homogenizer such as a Potter homogenizer; and
- e. Removing the tissue fragments from the product of step d); preferably by filtration;

wherein in this method the cells from the tissue obtained from the sample of step a) **are not** enzymatically digested, for example by using collagenase. In this sense, the cells from the sample of step a) are mechanically or manually digested and are not enzymatically digested.

[0008] A second aspect of the invention refers to a cell suspension comprising hair progenitor cells (HPCs) of a human subject obtained or obtainable by means of the method of the invention.

[0009] A third aspect of the invention refers to a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors preferably obtained from the said human subject, obtained or obtainable by means of the method of the invention.

[0010] A fourth aspect of the invention refers to a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors preferably obtained from the said human subject, obtained or obtainable by means of the method of the invention.

[0011] A fifth aspect of the invention refers to the obtained cell suspension or the obtained composition comprising the cell suspension, wherein said composition or cell suspension is characterized by comprising:

1. Platelet Factor 4, Heparanase, PDGF-AA (platelet-derived growth factor AA), PDGF-AB (platelet-derived growth factor AB), PDGF-BB (platelet-derived growth factor BB), Vascular Endothelial Growth Factor (VEGF), Epidermal Growth Factor (EGF), Transforming growth factor beta 1 (TGFB1), Transforming growth factor beta 2 (TGFB2), Fibronectin, Thromboxan B2, FACTOR V (factor five), Insulin-like growth factor 1 (IGF1), Leukemia inhibitory factor (LIF), Basic fibroblast growth factor and Acidic fibroblast growth factor;
2. fibroblasts, keratinocytes, melanocytes, CD34+ haematopoietic stem cells, CD90+ and CD105+ adult stem cells; and
3. optionally a pharmaceutically acceptable vehicle or carrier, excipient and further active ingredients.

[0012] In a sixth aspect of the present invention, the invention provides methods of treating hair loss, treating, inhibiting, or suppressing a degenerative skin disorder, and treating scarring and non-scarring alopecia, such as androgenetic alopecia (AGA), in a subject and generating new hair follicles (HF) and increasing the size of existing HF, comprising the administration of the cell suspension or composition. Thus, in one preferred embodiment of the invention, the present invention provides a cosmetic method of treating hair loss in a subject comprising the steps of (a) obtaining the composition or the cell suspension and (b) administering said composition or cell suspension to the subject. In a preferred embodiment, the administering step is via subepidermal, intralesional, dermal or epidermal.

[0013] In one embodiment of the invention, the hair loss is due to androgenetic alopecia (AGA). In one embodiment of the invention, the AGA is male pattern baldness. In another embodiment, the AGA is female pattern baldness. In one embodiment of the invention, the hair loss is the result of a skin injury. In one embodiment of the invention, the hair loss is in the scalp or eyebrow of said subject. In one embodiment of the invention, the hair loss is in scarred skin tissue of said subject. In one embodiment of the invention, the scarring alopecia is hair implant scarring alopecia. In one embodiment of the invention, the scarring alopecia is acquired by radiation. In one embodiment of the invention, the scarring alopecia is frontal fibrosing scarring alopecia. In one embodiment of the invention, the hair loss is the result of a non-scarring alopecia. In one embodiment of the invention, the non-scarring alopecia is autoimmune non-scarring (Areata) alopecia. In one embodiment of the invention, the non-scarring alopecia is non-scarring follicular miniaturization alopecia.

In one embodiment of the invention, the non-scarring alopecia is Effluviums.

[0014] Finally, a last aspect of the invention refers to a cosmetic suspension or composition comprising the cell suspension or composition as defined above, preferably for use in a human subject suffering from hair loss.

[0015] Other features and advantages of the present invention will become apparent from the following detailed description examples and figures. It should be understood, however, that the detailed description and the specific examples while indicating preferred embodiments of the invention are given by way of illustration only, since various changes and modifications within the scope of the claims will become apparent to those skilled in the art from this detailed description.

BRIEF DESCRIPTION OF THE DRAWINGS

[0016]

Fig 1. Follow-up photographs, JHM1978; a) 29.01.2013; b) 25.03.2013 and c) 11.12.2013.

Fig 2. Follow-up photographs, DZP1981; a) 12.07.2013 and b) 18.10.2013

Fig 3. Follow-up photographs, IIG1982; a) 09.10.2012; b) 26.06.2013; c) 19.12.2013 and d) 5 Months follow-up for the second treatment.

Fig 4. Follow-up photographs, JMM1973; a) 18.04.2013 and b) 10.06.2013.

Fig 5. Follow-up photographs, ZBO1969; a) 05.03.2013; b) 20.06.2013 and c) 12.07.2013

Fig 6. Follow-up photographs, ERA1944; a) 14.10.2013 and b) 11.02.2014

Fig 7. Follow-up photographs, SFR1945; a) 05.04.2013 and b) 11.02.2014.

Fig 8. Follow-up photographs, BUB1972; a) 10.04.2013 and b) 22.05.2013.

Fig 9. Follow-up photographs, BLP1969; a) 09.09.2010 and b) 18.02.2014.

DESCRIPTION OF THE PRESENT INVENTION

1. DEFINITIONS

[0017] Alopecia is the fundamental sign of most of the diseases of the scalp. It entails complete hair loss (atrichia) or partial hair loss (hypotrichosis). The different types of alopecia are classified into two large groups:

- Scarring alopecia: this alopecia occurs as the result of an irreversible follicular lesion and it also usually entails damage to the skin involved.
- Non-scarring alopecia: this alopecia entails a reversible alteration of the hair follicle that does not involve the surrounding skin, or an intrinsic lesion of the hair shaft.

[0018] Particular forms of scarring and non-scarring alopecia are:

- Androgenetic alopecia (AGA): A progressive, diffuse, symmetric loss of scalp hair, believed due to a combination of genetic predisposition and increased response of hair follicles to androgens, in men beginning around age 30 with hair loss from the vertex and frontoparietal regions, and in females beginning later with less severe hair loss in the frontocentral area of the scalp.
- Hair implant scarring alopecia: It is a destruction of hair follicles by inflammatory processes at the level of the dermis due to previous surgical techniques such as artificial hair or hair transplants.
- Scarring alopecia acquired by radiation: This type of alopecia is developed as a result of the use of radiotherapy for the treatment of brain tumours which in turn destroys the hair follicle.
- Frontal fibrosing scarring alopecia: It is characterised by usually symmetrical band of hair loss on the front and sides of the scalp, and loss of eyebrows. The edge may appear moth-eaten, and single hairs may persist in the bald areas.
- Autoimmune non-scarring (Areata) alopecia: It is a recurrent non-scarring type of hair loss that can affect any hair-bearing area and can manifest in many different patterns. Although it is a benign condition and most patients are asymptomatic, it can cause emotional and psychosocial distress.

- Non-scarring follicular miniaturization alopecia: Alopecia which are characterized by a decrease in follicular activity and a gradual miniaturization of hair cycles.
- Effluviums: Acute, sub-acute or chronic hair loss due to internal or external agents that act on the hair follicles, causing dysfunction of the growth cycle of the follicles.

[0019] The term "a (an isolated) tissue sample comprising at least one complete hair follicle" means a tissue sample comprising

1. a hair follicle which in turn comprises at least the following elements a bulged follicle (matrix and dermal papilla), a hair shaft, an inner and outer epithelial sheath, a bulge area and the perifollicular sheath; and

2. preferably a sebaceous gland, apocrine gland and arrector pili muscle

[0020] Preferably, the term "a tissue sample comprising at least one complete hair follicle" means a tissue sample comprising a pilosebaceous unit.

[0021] The term "HPCs" refers to a suspension of precursor cells capable of generating or differentiating into the different cell types that make up the hair follicle. In the cell suspensions of the present invention, these cells will usually be found in combination with other cells such as epidermal cells (keratinocytes), dermal cells (fibroblasts), subcutaneous cells (adipocytes) as well as other cells from the different regions of the complete hair follicle.

[0022] The term "punch" refers to a scalpel comprising a circle of different diameters (from 0.5 to 4 mm, preferably 1.5 mm) suitable for removing a pilosebaceous unit or skin tissue by manual or automatic rotation.

[0023] The procedure for obtaining tissue by using a punch would be, with a punch an incision is made in the area where a hair follicle is found in order to obtain a small sample of skin tissue. The punch on the skin surface penetrates the tissue to a depth of 0.8-1 cm by applying a rotational movement.

[0024] The term "about" or "approximately" in reference to a numeric value means +/- 10 % of that numeric value. The term "about" in reference to a numeric value also includes +/- 5 % of that numeric value.

[0025] The terms "comprise" and "comprising" are used in the inclusive, open sense, meaning that additional elements may be included.

[0026] The term comprises also encompasses and may be used interchangeably with the terms "consists of" and "consists essentially of".

2. DETAILED DESCRIPTION OF THE INVENTION

[0027] The present invention refers to compositions, pharmaceutical compositions, cosmetic compositions and methods for treating hair loss and regenerating hair follicles. Specifically, the invention relates to cosmetic methods of treating hair loss, treating, inhibiting, or suppressing a degenerative skin disorder, and treating scarring and non-scarring alopecia, such as androgenetic alopecia (AGA), in a subject and generating new hair follicles (HF) and increasing the size of existing HF, comprising the administration of a composition comprising a suspension of total cells obtained from a complete hair follicle, wherein these cell suspension comprises HPCs, and plasma derived growth factors preferably obtained from said subject.

[0028] In this sense, the authors of the present invention have discovered that a cell suspension comprising HPCs obtained from a complete hair follicle in combination with plasma derived growth factors, when administered to a human subject suffering from any type of hair loss is capable of a) stabilizing the hair loss; b) increasing capillary density, causing a constant renewal of capillary cycles and regenerating new hairs and c) maintaining and renewing the follicular and cellular structure of the treated area.

[0029] In this regard, the authors of the present invention have used the cell suspension illustrated in step 2 of example 3 (a product obtained by the method of the fourth aspect of the invention, namely by a method in which the cells from the tissue obtained from the sample of step a) are **not** enzymatically digested, for example by using collagenase), to treat a wide variety of alopecia. In this sense, they administered (Infiltration throughout the frontal, parietal and vertex regions) the product of Step 2 of example 3 to a human subject suffering from scarring alopecia acquired by hair implant and as illustrated in tables III and IV and figure 1, the administration of this product caused a progressive regulation and biological renewal in the treated area and surrounding areas, in fact it caused an increased in the number of anagen hairs and an increased in the activity of reserve cells inactive until the treatment started. The fact that this technique is an effective and simple alternative for the treatment of scarring alopecia acquired by hair implant is surprising, since to date there is no effective treatment of this type of alopecia that is not accompanied by adverse effects.

[0030] In addition, the authors of the present invention have used the cell composition of the invention in the treatment of non-scarring autoimmune (Areata) alopecia. In this case, the authors of the invention administered subepidermally to a human subject suffering from this disease, the composition product of Step 2 of example 3. As illustrated in table

V and also in figure 2, the administration of this product did not produce any adverse effects and after one month from its first administration new hair progressively appeared. In addition, after two months of the first administration increasingly stronger hair was observed in the different regions and surrounding areas where the product was originally applied. For these reasons, this technique is an effective and simple alternative for the treatment of also this type of alopecia for which the current alternatives have shown a great number of contraindications as well as relatively mild effects.

[0031] Furthermore, the authors of the present invention have used the cell composition of the invention in the treatment of scarring alopecia acquired by radiation. In this case, the authors of the invention administered subepidermally (infiltration throughout the entire bald area (extensive and diffuse area all over the head)) to a human subject suffering from this disease, the composition product of Step 2 of example 3. As illustrated in tables VI and VII below and also in figure 3, the human subject did not show any adverse effects and surprisingly after two months from the first administration of the composition product of the invention, the cells of the hair follicles inactivated by radiation were reactivated and stimulated thus causing a thickening of individual hairs (close to the subject's anagen hair), a densification of the hair in the area of administration and even the appearance of weak hair in the central region of the head (the most irradiated area). For these reasons, this technique is also an effective and simple alternative for the treatment of this type of alopecia for which the only alternative is invasive surgery.

[0032] Moreover, the authors of the present invention have used the cell composition of the invention in the treatment of scarring frontal fibrosing alopecia. For this purpose, the composition product of Step 2 of example 3 (infiltration throughout the frontal region) was administered via subepidermally to a human subject suffering from this disease. As illustrated in table XI and also in figure 6, after treatment, the subject did not show any adverse effects and surprisingly, after four months from the first treatment, the composition suppressed the follicular inflammatory process and activated the follicular cells to stop the progression of alopecia. Therefore, this treatment clearly limited the spread of the alopecia. For these reasons, this technique is an effective and simple alternative for the treatment of this type of alopecia for which despite the existence of several drugs indicated for this disease, until now there has been no effective treatment. In fact the only successful treatment until now is capillary transplant, but this treatment is only successful provided that the disease has been stable for over 4 years and shows no new signs of active inflammation.

[0033] In addition, the authors of the present invention have used the cell composition of the invention in the treatment of non-scarring follicular miniaturization alopecia. In this case, the composition product of Step 2 of example 3 (infiltration throughout the frontal and vertex regions) was administered via subepidermally to a human subject suffering from this disease. As illustrated in table VIII below and also in figure 4, the subject did not show any adverse effects and surprisingly after three months from the first treatment, new dark hair appeared and centripetal hair was observed in the vertex and border with the frontal area. In addition, after four months from the first treatment, no new hair regression was observed.

[0034] For these reasons, this technique is an effective and simple alternative for the treatment of this type of alopecia for which the only alternative is capillary transplant by surgery; of course this alternative is only feasible provided that there are populated donor areas in the occipital region of the head.

[0035] Finally, the authors of the present invention have used the cell composition of the invention in the treatment of effluviums. For this purpose, the composition product of Step 2 of example 3 (infiltration throughout the middle region) was administered via subepidermally to a human subject suffering from this disease. As illustrated in table XIII below and also in figure 8, after treatment, the subject did not show any adverse effects and surprisingly, after a follow-up period of 5 months the composition stabilized the hair loss and recovered hair density. For these reasons, this technique is an effective and simple alternative for the treatment of this type of alopecia for which no treatment has been demonstrated to be effective.

[0036] In conclusion, the cell suspension of the invention is capable of providing a progressive regulation and biological renewal of the follicular cells in the treated and surrounding areas, causing a perifollicular inflammation reduction, a follicular cycle miniaturization reduction, an increased number of anagen hairs and an increase in the activity of reserve cells that were inactive. Consequently, this cell suspension further comprising plasma derived growth factors, constitutes an effective and simple alternative for the treatment of all types of alopecia in which usual treatments are ineffective or for which the only alternative is invasive surgery.

[0037] Many methods are known in the art for the preparation of the composition comprising the cell suspension and the plasma derived growth factors referred to above. For the preparation of the plasma derived growth factors, different authors have described specific processes for obtaining the same. These procedures are based on the separation of the blood's cellular fraction from the plasma to form the clot which in turn contains the growth factors. Specific processes for obtaining the plasma derived growth factors are described in: Role of platelets and fibrin in the healing sequence: an in vivo study of angiogenesis and collagen synthesis. Knighton DR, Hunt TK, Thakral KK, Goodson WH 3rd. Ann Surg. 1982 Oct;196(4):379-88; Platelet-Rich Plasma: Properties and clinical applications. Rick G. Smith, B.S., C.C.P., Craig J. Glassmann, C.C.P., and Mark S. Campbell, B.A., C.C.P. Summer 2007 - Vol.2, No.2; Platelet-rich plasma: evidence to support its use. Marx RE. J Oral Maxillofac Surg. 2004 Apr;62(4):489-96; Platelet-rich plasma: Growth factor enhancement for bone grafts. Marx RE, Carlson ER, Eichstaedt RM, Schimmele SR, Strauss JE, Georgeff KR. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 1998 Jun;85(6):638-46; Platelet-derived growth factor is a chemoattractant

for vascular smooth muscle cells. Grotendorst GR, Chang T, Seppä HE, Kleinman HK, Martin GR. J Cell Physiol. 1982 Nov;113(2):261-6; Identification of platelet proteins separated by twodimensional gel electrophoresis and analyzed by matrix assisted laser desorption/ionization-time of flight-mass spectrometry and detection of tyrosinephosphorylated proteins. Marcus K, Immler D, Sternberger J, Meyer HE. Electrophoresis. 2000 Jul;21(13):2622-36 and in Platelets and inflammation. Klinger MH. Anat Embryol (Berl). 1997 Jul;196(1):1-11. Therefore, the skilled person would surely be aware of a process to obtain the plasma derived growth factors cited through-out the present invention. It is in any case noted that as illustrated in example 10, the composition of the invention, in particular the product of step 2 of example 3, comprises the following growth factors: Platelet Factor 4, Heparanase, PDGF-AA (platelet-derived growth factor AA), PDGF-AB (platelet-derived growth factor AB), PDGF-BB (platelet-derived growth factor BB), Vascular Endothelial Growth Factor (VEGF), Epidermal Growth Factor (EGF), Transforming growth factor beta 1 (TGFB1), Transforming growth factor beta 2 (TGFB2), Fibronectin, Thromboxan B2, FACTOR V (factor five), Insulin-like growth factor 1 (IGF1), Leukemia inhibitory factor (LIF), Basic fibroblast growth factor and Acidic fibroblast growth factor.

[0038] As regards the cell suspension, the inventors have developed an effective method of preparing said cell suspension comprising HPCs from a human subject (suspension of the second aspect of the invention).

[0039] An aspect of the invention refers to a method of obtaining a composition comprising cell suspension comprising HPCs from a human subject and plasma derived growth factors which comprises the following steps:

- a. Obtaining a tissue sample comprising at least one complete hair follicle from the subject, preferably from the occipital region of the head of the subject;
- b. Incubating the tissue in a suspension of plasma derived growth factors, preferably obtained from the subject; for a period of time between 15 minutes and 1 hour at a temperature of approximately 37 °C;
- c. Removing the tissue fragments from the product of step b); preferably by filtration;

wherein the **does not** enzymatically, preferably by using collagenase, digest the cells from the tissue obtained from the sample of step a).

[0040] A preferred embodiment of the invention refers to a method of obtaining a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors, which comprises the following steps:

- a. Obtaining a tissue sample comprising at least one complete hair follicle from the subject, preferably from the occipital region of the head of the subject;
- b. Optionally, washing the tissue obtained from step a);
- c. Incubating the tissue in a suspension of plasma derived growth factors, preferably obtained from the subject; for a period of time between 15 minutes and 1 hour at a temperature of 37 °C;
- d. Homogenizing the cell composition of step c) by means of a mechanical or manual homogenizer such as a Potter homogenizer; and
- e. Removing the tissue fragments from the product of step d); preferably by filtration;

wherein the **does not** enzymatically, preferably by using collagenase, digest the cells from the tissue obtained from the sample of step a).

[0041] A preferred embodiment of the invention refers to a method of obtaining a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors, which comprises the following steps:

- a. Obtaining a tissue sample comprising at least one complete hair follicle from the subject, preferably from the occipital region of the head of the subject;
- b. Optionally, washing the tissue obtained from step a), preferably the washing step is done more than one time;
- c. Incubating the tissue in a suspension of plasma derived growth factors, preferably obtained from the subject; for a period of time between 15 minutes and 1 hour at a temperature of approximately 37 °C;
- d. Homogenizing the cell composition of step c) by means of a mechanical or manual homogenizer such as a Potter homogenizer; and
- e. Removing the tissue fragments from the product of step d); preferably by filtration;

wherein the **does not** enzymatically, preferably by using collagenase, digest the cells from the tissue obtained from the sample of step a).

[0042] A preferred embodiment of the invention refers to a method of obtaining a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors, which comprises the following steps

- a. Obtaining a tissue sample comprising at least one complete hair follicle from the subject, preferably from the occipital region of the head of the subject;
 b. Optionally, washing the tissue obtained from step a), preferably this washing step is done more than one time;
 c. Incubating the tissue in a suspension of plasma derived growth factors, preferably obtained from the subject; for a period of time of approximately 30 minutes at a temperature of approximately 37 °C;
 d. Homogenizing the cell composition of step c) by means of a mechanical or manual homogenizer such as a Potter homogenizer; and
 e. Removing the tissue fragments from the product of step d); preferably by filtration;

wherein the **does not** enzymatically, preferably by using collagenase, digest the cells from the tissue obtained from the sample of step a).

[0043] It is preferably understood that the suspension of plasma derived growth factors used in any of the methods of the invention comprises: Platelet Factor 4, Heparanase, PDGF-AA (platelet-derived growth factor AA), PDGF-AB (platelet-derived growth factor AB), PDGF-BB (platelet-derived growth factor BB), Vascular Endothelial Growth Factor (VEGF), Epidermal Growth Factor (EGF), Transforming growth factor beta 1 (TGFB1), Transforming growth factor beta 2 (TGFB2), Fibronectin, Thromboxan B2, FACTOR V (factor five), Insulin-like growth factor 1 (IGF1), Leukemia inhibitory factor (LIF), Basic fibroblast growth factor and Acidic fibroblast growth factor. More preferably, the suspension of plasma derived growth factors used in any of the methods of the third or fourth aspects of the invention comprises +/-30%, +/-20%, +/- 10%, +/- 5% or +/- 1 % of the percentages per growth factor cited in the table below:

	Average percentage over the total amount of growth factors cited in the present table present per sample of the composition of the invention
Platelet Factor 4	32,6282284
Heparanase	0,0000010
PDGF-AA (platelet-derived growth factor AA)	0,0403330
PDGF-AB (platelet-derived growth factor AB)	10,2556375
PDGF-BB (platelet-derived growth factor BB)	4,9106251
Vascular Endothelial Growth Factor (VEGF)	0,0008001
Epidermal Growth Factor (EGF)	0,0487842
Transforming growth factor beta 1 (TGFB1)	20,1660675
Transforming growth factor beta 2 (TGFB2)	0,0003707
Fibronectin	19,9334987
Thromboxan B2	11,9871694
FACTOR V (factor five)	0,0183830
Insulin-like growth factor 1 (IGF1)	0,0095973
Leukemia inhibitory factor (LIF)	0,0000062
Basic fibroblast growth factor	0,0000355
Acidic fibroblast growth factor	0,0004623

[0044] An aspect of the invention refers to a cell suspension comprising hair progenitor cells (HPCs) of a human subject obtained or obtainable by means of the method of the second aspect of the invention.

[0045] An aspect of the invention refers to a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors preferably obtained from the said human subject, obtained or obtainable by means of the method of the third aspect of the invention.

[0046] An aspect of the invention refers to a composition comprising a cell suspension comprising HPCs from a human subject and plasma derived growth factors preferably obtained from the said human subject, obtained or obtainable by means of the method of the fourth aspect of the invention.

[0047] An aspect of the invention refers to the obtained cell suspension or the obtained composition, wherein said composition or cell suspension is characterized by comprising:

1. Platelet Factor 4, Heparanase, PDGF-AA (platelet-derived growth factor AA), PDGF-AB (platelet-derived growth factor AB), PDGF-BB (platelet-derived growth factor BB), Vascular Endothelial Growth Factor (VEGF), Epidermal Growth Factor (EGF), Transforming growth factor beta 1 (TGFB1), Transforming growth factor beta 2 (TGFB2), Fibronectin, Thromboxan B2, FACTOR V (factor five), Insulin-like growth factor 1 (IGF1), Leukemia inhibitory factor (LIF), Basic fibroblast growth factor and Acidic fibroblast growth factor;
2. fibroblasts, keratinocytes, melanocytes, CD34+ haematopoietic stem cells, CD90+ and CD105+ adult stem cells; and
3. optionally a pharmaceutically acceptable vehicle or carrier, excipient and further active ingredients.

[0048] In a preferred embodiment of the invention, the said composition or cell suspension is characterized by comprising +/-30%, +/- 20%, +/- 10%, +/- 5% or +/- 1% of the percentages per growth factor cited in the table below:

	Average percentage over the total amount of growth factors cited in the present table present per sample of the composition of the invention
Platelet Factor 4	32,6282284
Heparanase	0,0000010
PDGF-AA (platelet-derived growth factor AA)	0,0403330
PDGF-AB (platelet-derived growth factor AB)	10,2556375
PDGF-BB (platelet-derived growth factor BB)	4,9106251
Vascular Endothelial Growth Factor (VEGF)	0,0008001
Epidermal Growth Factor (EGF)	0,0487842
Transforming growth factor beta 1 (TGFB1)	20,1660675
Transforming growth factor beta 2 (TGFB2)	0,0003707
Fibronectin	19,9334987
Thromboxan B2	11,9871694
FACTOR V (factor five)	0,0183830
Insulin-like growth factor 1 (IGF1)	0,0095973
Leukemia inhibitory factor (LIF)	0,0000062
Basic fibroblast growth factor	0,0000355
Acidic fibroblast growth factor	0,0004623

[0049] In an aspect of the present invention, the invention provides methods of treating treating scarring and non-scarring alopecia, such as androgenetic alopecia (AGA), in a subject and generating new hair follicles (HF) and increasing the size of existing HF, comprising the administration of the cell suspension or composition.

[0050] In a preferred embodiment, the administering step is via subepidermal, intralesional, dermal or epidermal.

[0051] In one embodiment of the invention, the hair loss is due to androgenetic alopecia (AGA). In one embodiment of the invention, the AGA is male pattern baldness. In another embodiment, the AGA is female pattern baldness. In one embodiment of the invention, the hair loss is the result of a skin injury. In one embodiment of the invention, the hair loss

is in the scalp or eyebrow of said subject. In one embodiment of the invention, the hair loss is in scarred skin tissue of said subject. In one embodiment of the invention, the scarring alopecia is hair implant scarring alopecia. In one embodiment of the invention, the scarring alopecia is acquired by radiation. In one embodiment of the invention, the scarring alopecia is frontal fibrosing scarring alopecia. In one embodiment of the invention, the hair loss is the result of a non-scarring alopecia. In one embodiment of the invention, the non-scarring alopecia is autoimmune non-scarring (Areata) alopecia. In one embodiment of the invention, the non-scarring alopecia is non-scarring follicular miniaturization alopecia. In one embodiment of the invention, the non-scarring alopecia is Effluviums.

[0052] In another embodiment of the disclosure, the present disclosure provides a method for generating a hair follicle in the skin of a subject with hair loss comprising the steps of (a) obtaining the composition or cell suspension of any of aspects fifth, sixth, seventh or eighth and (b) administering the same to the subject. In a preferred embodiment, the administering step is via subepidermal, intralesional, dermal or epidermal. In another aspect, the present disclosure provides a method for increasing the size of a hair follicle in the skin of a subject with hair loss comprising the steps of (a) obtaining the composition or cell suspension of any of aspects fifth, sixth, seventh or eighth and (b) administering the same to the subject. In a preferred embodiment, the administering step is via subepidermal, intralesional, dermal or epidermal. In another embodiment, the present invention provides a method for increasing hair follicle formation in the skin of a subject with hair loss comprising the steps of (a) obtaining the composition or cell suspension of any of aspects fifth, sixth, seventh or eighth and (b) administering the same to the subject. In a preferred embodiment, the administering step is via subepidermal, intralesional, dermal or epidermal.

[0053] In a further embodiment, the cell suspensions of the invention may be implanted or injected into the subject together with a matrix forming component. This may allow the cells to form a matrix following injection or implantation, ensuring that the cells remain at the appropriate location within the subject. Examples of matrix forming components include fibrin glue liquid alkyl, cyanoacrylate monomers, plasticizers, polysaccharides such as dextran, ethylene oxide-containing oligomers, block co-polymers such as poloxamer and Pluronics, nonionic surfactants such as Tween and Triton[®] 8', and artificial matrix forming components. This list is provided by way of illustration only, and is not intended to be limiting. It will be clear to a person skilled in the art, that any combination of one or more matrix forming components may be used.

[0054] In another specific embodiment, the cell suspensions of the invention may be frozen in freezing medium. Any medium that preserves the viability of the cells at temperatures below about -20 °C (e.g. temperatures below about -40 °C, or about -80 °C, or about -190 °C is suitable as freezing medium. For example, the freezing medium may comprise 2.5 % to 10 % DMSO. More specifically, the freezing medium may comprise 5-7.5 % DMSO. After thawing, cells of invention can be washed to remove the DMSO or other freezing medium components before administration or re-suspension in administration solution. Administration solution will be any physiological solution able to be injected in patients without toxicity, in the present case the administration solution would preferably be the plasma derived growth factors.

[0055] In addition, for use in therapy and methods of treatment, the cell suspensions of the invention will be delivered to the subject in a therapeutically effective amount. The number of cells to be delivered *in vivo* is based on a number of parameters, including: the body weight of the subject, the severity of tissue damage, and the number of cells surviving within the subject.

[0056] Finally, a last aspect of the invention refers to a cosmetic suspension or composition comprising the cell suspension or composition as defined above, preferably for use in a human subject suffering from hair loss.

[0057] The purpose of the following examples is merely to illustrate the present invention.

EXAMPLES

Example 1. Materials and methods

1.1. Tissue samples

[0058] The biopsies (tissue punches or tissue samples) used to illustrate the present invention were obtained in an operating room, wherein the processing of the biopsies as well as the processes of obtaining the blood plasma-derived growth factors were performed in a clean room with classification C (ISO 7), thus complying with the regulation in force in Spain.

1.2. Quality controls

[0059] Given that these quality controls are for autologous treatments, a series of quality controls were carried out that allowed the assurance of sample traceability, as well as avoiding any type of microbiological contamination and cross contamination with other products. The controls that were performed prior to taking the biopsies were as follows:

• Serology

[0060] Objective: quality control of the blood sample to prevent workers from getting infected. Procedure: Blood is drawn days before obtaining the HPCs in a clinical analysis. This blood sample is used to determine the existence or absence of infectious diseases such as HIV, Hepatitis B and C and *Treponema pallidum*.

[0061] If the patient is free of these diseases, the procedure will continue. Otherwise, the human subject will be rejected.

• Obtaining a saliva sample and several hairs comprising the root of the hair.

[0062] Objective: to control traceability of the samples by means of genetic identification.

[0063] Procedure for taking saliva sample:

- a. Used individual wrapped sterile oral swabs;
- b. Remove swab from its wrapper with clean hands and prevent the cotton end of the swab from contacting any element (fingers, face, objects, etc.);
- c. Introducing the cotton of the swab in the mouth of the subject;
- d. Rubbing the cotton of the swab for 30 seconds inside the mouth (cheeks, behind the lips and under the tongue);
- e. Allowing the cotton to dry without it touching any object;
- f. Introducing the swab in an Eppendorf tube and cut the stick; and
- g. Storing the perfectly labelled cotton of the swab at -20 °C.

[0064] Procedure for taking a hair sample:

It is done at the same time that the tissue samples are obtained from the head of the subject and comprises the following steps:

- a. Pulling several hairs from the patient using Adson forceps taking into account the fact that if the hairs do not have a root, they are disposed of and others are taken;
- b. Introduce the hairs in an Eppendorf tube; and
- c. Store the perfectly labelled tube at -20 °C.

[0065] They are finally stored for the purpose of being able to perform the necessary examinations in the event of adverse events or doubts as to the traceability.

• Reference samples

[0066] Objective: to control sample traceability by means of genetic identification. It will be used as a reference sample to be compared with the saliva and hair samples.

Example 2. Isolation method of hair progenitor cells (HPCs) from a human subject by enzymatic digestion (Type I collagenase)

Step 1: Obtaining the growth factors (GFs)

[0067]

- a. Drawing 4 citrate tubes of blood in an operating room from the subject;
- b. Centrifuging the 4 tubes of blood with citrate for 10 minutes at 4000 rpm at room temperature in a clean room;
- c. Collecting the plasma after centrifugation with a micropipette (preferably collect the fraction of plasma closest to the erythrocyte fraction, the remaining blood components are discarded);
- d. Adding calcium chloride: (24 µl of 10% CaCl₂ for every 1 ml of plasma) to the plasma obtained in step c);
- e. Incubating the product of step d) in a steaming cabinet at 37 °C from 1 to 24 hours until a coagulum is obtained;
- f. Once the clot is formed, this is introduced into a petri dish in a laminar flow bio IIA. The clot is left on a petri dish and pressure is applied on the petri dish in order to accelerate the growth factor secretion process. The factors once secreted are collected by using a micropipette and introduce into a new sterile tube, the clot is discarded once the growth factors are obtained.

Step 2: Obtaining the hair progenitor cells (HPCs).**[0068]**

- a. Obtaining approximately 10 punches of 1.5 mm of diameter, from the occipital area of the head of a human subject;
- b. Adding the punches to a tube containing 1 ml of sterile 1X PBS;
- c. Centrifuging the product of step b) for 5 minutes at 1.200 rpm at room temperature;
- d. Removing the supernatant of step c) and cutting the punches into fragments using a disposable scalpel;
- e. Introducing the tissue of step d) in a tube containing 1 ml 0.075 % w/v collagenase (previously activated at 37 °C for 30 minutes);
- f. Incubating the product of step e) at 37 °C for 30 minutes while shaking;
- g. Inactivating the collagenase with 100 µl of 10 % human serum;
- h. Removing the tissue fragments from the product of step g);
- i. Centrifuging the cell suspension of step h) for 10 minutes at 1200 rpm at room temperature;
- j. Removing the supernatant from step i) and re-suspending the cell composition obtained, in the suspension of growth factors illustrated in step 1 above, wherein the suspension of growth factors derived from plasma is preferably obtained from the same patient and wherein preferably the cell composition is re-suspended in 0.5 to 10 ml of the suspension of growth factors derived from plasma and more preferably the cell composition is re-suspended in 2 to 4 ml of the suspension of growth factors derived from plasma;
- k. Filtering the suspension through a 40 µm cell strainer;
- l. Quantifying the cells of the obtained suspension by means of a manual counter using the trypan blue exclusion method, thus determining the number of cells and their viability;
- m. Inoculating the entire cell suspension obtained (number. depending on the patient) aliquoted into 4 (insulin-type) syringes.

[0069] The method of trypan blue exclusion is based on the ability of the dye trypan blue to exclusively stain dead cells. Thus under a microscope it is easy to differentiate live cells from dead cells, the latter comprise a blue colour.

[0070] Please note that the authors of the invention have used an incubation time of 30 minutes in step f). The reason for the election of this specific incubation time period is not an arbitrary selection as illustrated in the tables below.

Table I

First sample	Enzymatic digestion (Type I collagenase) 15 min	Enzymatic digestion (Type I collagenase) 30 min	Enzymatic digestion (Type I collagenase) 45 min	Enzymatic digestion (Type I collagenase) 60 min
Total number of cells (cells/ml)	$1,08 \times 10^6$	$1,62 \times 10^6$	$1,01 \times 10^6$	$1,09 \times 10^6$
Cell viability (cells/ml)	$7,59 \times 10^4$	$1,72 \times 10^5$	$4,55 \times 10^4$	$7,59 \times 10^4$
Viability (%)	7	11	5	7

Second sample	Enzymatic digestion (Type I collagenase) 15 min	Enzymatic digestion (Type I collagenase) 30 min	Enzymatic digestion (Type I collagenase) 45 min	Enzymatic digestion (Type I collagenase) 60 min
Total number of cells (cells/ml)	$0,91 \times 10^6$	$0,79 \times 10^6$	$1,15 \times 10^6$	$1,35 \times 10^6$
Cell viability (cells/ml)	$7,08 \times 10^4$	$1,01 \times 10^5$	$8,10 \times 10^4$	$6,07 \times 10^4$
Viability (%)	8	13	7	4

Example 3. Isolation method of hair progenitor cells (HPCs) from a human subject by mechanical digestionStep 1: Obtaining the growth factors (GFs)**[0071]**

- Drawing 4 citrate tubes of blood in an operating room from the subject;
- Centrifuging the 4 tubes of blood with citrate for 10 minutes at 4000 rpm at room temperature in a clean room;
- Collecting the plasma after centrifugation with a micropipette (preferably collect the fraction of plasma closest to the erythrocyte fraction, the remaining blood components are discarded);
- Adding calcium chloride: (24 μ l of 10 % CaCl₂ for every 1 ml of plasma) to the plasma obtained in step c);
- Incubating the product of step d) in a steaming cabinet at 37 °C from 1 to 24 hours until a coagulum is obtained;
- Once the clot is formed, this is introduced into a petri dish in a laminar flow bio IIA. The clot is left on a petri dish and pressure is applied on the petri dish in order to accelerate the growth factors secretion process. The factors once secreted are collected by using a micropipette and introduced into a new sterile tube; the clot is discarded once the growth factors are obtained.

Step 2: Obtaining the hair progenitor cells (HPCs).**[0072]**

- Obtaining at most 10, 1.5 mm, punches from the occipital area of the head of a human subject;
- Adding the punches obtained from step a) to a tube containing 1 ml of sterile 1X PBS;
- Centrifuging for 5 minutes at 1.200 rpm at room temperature the product of step b);

- d. Removing the supernatant of step c) and washing again with 1X PBS like in b) above;
 e. Centrifuging the product of step d) for 5 minutes at 1200 rpm at room temperature;
 f. Removing the supernatant from the product of step e) and cutting the punches into fragments using a disposable scalpel;
 g. Incubating the tissue of step f) at 37 °C with constant gentle stirring in 1 ml of the autologous growth factors obtained in step 1 above for approximately 30 minutes;
 h. After incubation, homogenizing the tissue of step g) by means of a homogenizer (manual or mechanical homogenizer);
 i. Filtering the product of step h) with a 40 µm cell strainer;
 j. Collecting the filtered supernatant and performing the cell count using the trypan blue exclusion technique;
 k. Aliquoting the product into 4, 1 ml (insulin-type) syringes for administration.

[0073] The authors of the present invention conducted two different experiments to determine the differences, if any, in terms of viability and total number of cells obtained by using the isolation method of HPCs by means of an enzymatic digestion as illustrated in example 2 above and the isolation method by means of a mechanical digestion as illustrated in example 3, namely by a method that **does not** enzymatically, preferably by using collagenase, digest the cells from the tissue obtained from the sample of step a) from step 2..

[0074] To compare both methods, quantification was performed by the method of exclusion by trypan blue automatically. For this purpose the TC20 equipment of Bio-Rad was used.

[0075] For the first experiment (Table II below) both isolation methods were conducted by using different 1.5 mm punches obtained from the occipital area of the head of a human subject. Surprisingly, the isolation method by means of a mechanical digestion (example 3) provides a significantly larger total number of cells in addition to a greater percentage of viability of these cells. This result was completely unexpected making the isolation method by means of a mechanical process a simpler and more efficient process to obtain the cell product of the invention. This first experiment was repeated by using different 1.5 mm punches obtained from the occipital area of the head of a second human subject. The results obtained were similar to the ones obtained in the first experiment and illustrate the advantages of using the isolation process described in example 3.

Table II

First experiment. Incubation period 30 minutes	Enzymatic digestion (Type I collagenase)	Mechanical digestion
Total number of cells (cells/ml)	1,26 x 10 ⁶	1,55 x 10 ⁶
Cell viability (cells/ml)	1,47 x 10 ⁵	2,18 x 10 ⁵
Viability (%)	12	14

Table II (Continue)

Second experiment.	Enzymatic digestion	Enzymatic digestion	Mechanical digestion	Mechanical digestion
Incubation period	(Type I collagenase)	(Type I collagenase)		
30 minutes				
Total number of cells (cells/ml)	$5,79 \times 10^6$	$7,07 \times 10^6$	$13,3 \times 10^6$	$13,4 \times 10^6$
Cell viability (cells/ml)	$1,70 \times 10^6$	$1,82 \times 10^6$	$4,53 \times 10^6$	$4,98 \times 10^6$
Viability (%)	29	26	34	37

Example 4. Method of treatment of scarring alopecia acquired by hair implant

[0076] The authors of the present invention evaluated the efficacy of the cell composition of the invention in the treatment of scarring alopecia acquired by hair implant. In this sense, they administered (Infiltration throughout the frontal, parietal and vertex regions) the product of Step 2 of example 3 to a human subject suffering from scarring alopecia acquired by hair implant. As illustrated in tables III and IV below and also in figure 1, the administration of this product causes a progressive regulation and biological renewal in the treated area and surrounding areas, in fact it causes an increased in the number of anagen hairs and an increased in the activity of reserve cells inactive until now. For these reasons, this technique is an effective and simple alternative for the treatment of scarring alopecia acquired by hair implant for which the only alternative is surgical hair transplant; however this type of transplant is only possible if the subject has a populated donor area in the occipital region of the head.

PATIENT JHM1978 (TREATMENT WITH CELLS)

PATIENT JHM1978 (TREATMENT WITH CELLS)												
INDICATION	PATIENT CODE	SEX	AGE	TYPE OF ALOPECIA	DISEASES	ADVANCED MEDICAL TREATMENT DATE	DOSE	TOTAL CELL COUNT	VOLUME OF SUSPENSION TO INJECT	AREA TREATED (CM ²)	LOCATION OF IM-PLANT	GF INFILTRA-TION
Scarring alopecia acquired by hair implant	JHM1978	M	35	Acquired scarring	no	29.01.2013	1 st	670,000	4 ml	144	frontal, parietal and vertex	about every 15 days
						25.05.2013	2 nd	1,500,000	4 ml	144	frontal, parietal and vertex	about every 15 days
						14.11.2013	3 rd	2,500,000	3.5 ml	144	frontal, parietal and vertex	about every 15 days

Table IV

PATIENT JHM1978 (TREATMENT WITH CELLS)									
15-day FOLLOW-UP	1-MONTH FOLLOW-UP	2-MONTH FOLLOW-UP	3-MONTH FOLLOW-UP	4-MONTH FOLLOW-UP	5-MONTH FOLLOW-UP	6-MONTH FOLLOW-UP	7-MONTH FOLLOW-UP	CONCLUSIONS	OBJECTIVE OF THE STUDY
No adverse events	Start of fine hair growth in first hairline; patient's own hair is stronger	Good progression, new hair is maintained	Good progression, new hair is maintained	Hair maintained by new hair not generated	NA	NA	NA	Slow but progressive improvement. Treatment repeated at the patient's request.	Epithelial normalization. Reactivate hair in telogen/catagen phase. Revitalize fine hair in anagen phase.
adverse events	New hair growth	Good progression, new hair is maintained	Good progression, new hair is maintained	Good progression, new hair is maintained	Good progression, new hair is maintained	NA	NA	Slow but progressive improvement. Treatment repeated at the patient's request.	
No adverse events	Increase in denser, new hair	Increase in hair in first implantation hairline	Good progression, new hair is maintained	Not yet performed	Not yet performed	Not yet performed	Not yet performed	Not yet made	

Example 5. Method of treatment of non-scarring autoimmune (Areata) alopecia

[0077] Current medical treatments for non-scarring autoimmune (Areata) alopecia are based on the following pharmaceutical compositions:

◦ Corticosteroids: as a result of their anti-inflammatory and immunosuppressive effect; during treatment hair grows back but once treatment is suppressed hair loss appears again.

- Contraindications of topical corticosteroids: causes erythema, acneiform eruption, stretch marks, telangiectasia, demodicidosis, hypertrichosis, hypopigmentation, milium cysts, purpura, stellate pseudoscars, tachyphylaxis and dermatophytosis.
- Contraindications of systemic and intralesional corticosteroids: pseudo-Cushing's, suppression of the hy-

pothalamus-pituitary-renal axis, osteonecrosis of femoral head, growth inhibition, cataracts, night sweats, edema, weight loss or gain, headache and amaurosis due to thrombosis of the central retinal artery.

◦ Anthrakinone as a result of its immunomodulatory effect; it inhibits cytotoxic activity and IL-2 production and normalizes the suppressor T-cell function

▪ Contraindications: change in hair color, intense pruritus, regional adenomegalies and localized bacterial superinfection.

◦ Minoxidil because it is believed that it prolongs the anagen phase, it is used in association with topical corticoids or anthralin. However, there are no studies that demonstrate it.

▪ Contraindications: localized facial hypertrichosis.

◦ Systemic cyclosporin acts like an immunosuppressant at the CD4 T-cell level.

▪ Contraindications: blood pressure, creatinine, and liver function must be monitored. It can cause gingival hyperplasia, hypertrichosis and sebaceous hyperplasia.

◦ Topical immunotherapy by means of sensitizing the patient with a laboratory allergen that is subsequently applied in a bald area causing an eczematous reaction which leads to an inflammatory infiltrate and shifts the specific lymphocyte infiltrate of alopecia.

▪ Contraindications: depends on the allergen used, risk of carcinogenesis, contact dermatitis, development of adenomegalies, pruritus, vesicles, blisters, urticaria, multiforme erythema, vitiligo

◦ Immunomodulators such as biotin, SDZ ASM981, mycophenolic acid, pyridoxine, pantothenic acid, zinc sulfate. There are not very well known and there are few studies on its effects.

[0078] Therefore, to date there is no effective treatment of this type of alopecia that is not accompanied by adverse effects.

[0079] Thus, in order to evaluate the efficacy and safety of the cell composition of the invention in the treatment of non-scarring autoimmune (Areata) alopecia, the authors of the invention administered via subepidermal to a patient suffering from this disease the composition product of Step 2 of example 3. As illustrated in table V and also in figure 2, the administration of this product did not produce any adverse effects and after one month of its first administration new hair progressively appeared. In addition, after two months of the first administration increasingly stronger hair was observed in the different regions and surrounding areas where the product was originally applied. For these reasons, this technique is an effective and simple alternative for the treatment of this type of alopecia for which the current alternatives have shown a great number of contraindications as well as relatively mild effects in the treatment of hair loss caused by this type of alopecia.

Table V

[illegible]

Example 6. Method of treatment of scarring alopecia acquired by radiation

[0080] In order to evaluate the efficacy of the cell composition of the invention in the treatment of scarring alopecia acquired by radiation, the authors of the invention administered via subepidermal (Infiltration throughout the entire bald area (extensive and diffuse area all over the head)) to a human subject suffering from this disease, the composition product of Step 2 of example 3. As illustrated in tables VI and VII below and also in figure 3, the human subject did not show any adverse effects and surprisingly after two months from the first administration of the composition product of the invention, the cells of the hair follicles inactivated by radiation were reactivated and stimulated thus causing a thickening of individual hairs (close to the subject's anagen hair), a densification of the hair in the area of administration and even the appearance of weak hair in the central region of the head (the most irradiated area). For these reasons,

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this technique is an effective and simple alternative for the treatment of this type of alopecia for which the only alternative is invasive surgery.

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Table VI

PATIENT IIG1982 (TREATMENT WITH CELLS)												
INDICATION	PATIENT CODE	SEX	AGE	TYPE OF ALOPECIA	DISEASES	ADVANCED MEDICAL TREATMENT DATE	DOSE	TOTAL CELL COUNT	VOLUME OF SUSPENSION TO INJECT	AREA TREATED (C _{M2})	LOCATION OF IM-PLANT	GF INFILTRA-TION
Scarring alopecia acquired by radiation	IIG1982	F	31	Caused by radiation	Grade II astrocytoma (treated at 11 years of age)	23.05.2013	1 st	1,200,000	6 ml	100	Infiltration throughout the entire bald area (extensive and diffuse area all over the head)	15 days, 2, 3, 4, and 5 months
						21.11.2013	2 nd	5,240,000	3.5 ml	100	Infiltration throughout the entire bald area (extensive and diffuse area all over the head)	1, 3 months

Table VII

PATIENT IIG1982 (TREATMENT WITH CELLS)									
15-day FOLLOW-UP	1-MONTH FOLLOW-UP	2-MONTH FOLLOW-UP	3-MONTH FOLLOW-UP	4-MONTH FOLLOW-UP	5-MONTH FOLLOW-UP	6-MONTH FOLLOW-UP	7-MONTH FOLLOW-UP	CONCLUSIONS	OBJECTIVE OF THE STUDY
No adverse events, light itching resulting from the injections. Normalcy, more and thicker hair	No adverse reactions. Patient happy.	Thickening of individual hairs (close to the patient's anagen hair), greater centripetal densification.	NA	NA	Stronger, less weak hair and general thickening of the hair	NA	NA	Hair stronger. New treatment at the patient's request	Reactivate and stimulate cells inactivated by radiation. Epithelial normalization.
No adverse events.	Hair stronger, densification of the area; onset of fine and weak hair in the central area (the most irradiated area). Patient very satisfied.	Progressing satisfactorily	NA	NA	An increase in length, the stem thickness and deeper color hair of the patient is observed.	Not yet performed	Not yet performed	Not yet made	

Example 7. Method of treatment of non-scarring follicular miniaturization alopecia

[0081] In order to evaluate the efficacy of the cell composition of the invention in the treatment of non-scarring follicular miniaturization alopecia, the composition product of Step 2 of example 3 (infiltration throughout the frontal and vertex regions) was administered via subepidermally to a human subject suffering from this disease. As illustrated in table VIII below and also in figure 4, the subject did not show any adverse effects and surprisingly after three months from the first treatment, new dark hair appeared and centripetal hair was observed in the vertex and border with the frontal area. In addition, after four months from the first treatment, no new hair regression was observed. For these reasons, this technique is an effective and simple alternative for the treatment of this type of alopecia for which the only alternative is capillary transplant by surgery; of course this alternative is only feasible provided that there are populated donor areas in the occipital region of the head.

Table VIII

PATIENT JMM1973 (TREATMENT WITH CELLS)									
INDICATION	PATIENT CODE	SEX	AGE	TYPE OF ALOPECIA	DISEASES	ADVANCED MEDICAL TREATMENT DATE	DOSAGE	TOTAL CELL COUNT	VOLUME OF SUSPENSION TO INJECT
Acquired non-scarring alopecia, follicular miniaturization	JMM1973	M	40	Follicular miniaturization	No	18.04.2013	1 st	300,000	4 ml
								35	Frontal and vertex
									GF INFILTRATION
									Every 3 weeks
PATIENT JMM1973 (TREATMENT WITH CELLS)									
15-day FOLLOW-UP	1-MONTH FOLLOW-UP	2-MONTH FOLLOW-UP	3-MONTH FOLLOW-UP	4-MONTH FOLLOW-UP	5-MONTH FOLLOW-UP	6-MONTH FOLLOW-UP	7-MONTH FOLLOW-UP	CONCLUSIONS	OBJECTIVE OF THE STUDY
No adverse events.	Good progression. Patient very happy	NA	A lot of new dark, centripetal hair is observed in the vertex and border with the frontal area	Patient very satisfied. New hair regression is not observed	Not yet performed	Not yet performed	Not yet performed	Not yet made	Reactivate follicles from telogen phase to anagen phase.

[0082] In addition, to further evaluate the efficacy of the cell composition of the invention in the treatment of non-scarring follicular miniaturization alopecia, the composition product of Step 2 of example 3 (infiltration throughout the frontal and vertex regions) was administered via subepidermally to a second human subject suffering from this disease. As illustrated in tables IX and X below and also in figure 5, the subject did not show any adverse effects and surprisingly the composition product of the invention produced a normalization of the seborrheic dermatitis suffered by the subject. In addition, after two months from the first treatment, a more densified area with strong hairs appeared in the infiltration region. For these reasons, this technique is an effective and simple alternative for the treatment of this type of alopecia for which the only alternative is capillary transplant by surgery; of course this alternative is only feasible provided that there are populated donor areas in the occipital region of the head.

Table IX

PATIENT ZBO1969 (TREATMENT WITH CELLS)										
INDICATION	PATIENT CODE	SEX	AGE	TYPE OF ALOPECIA	DISEASES	ADVANCED MEDICAL TREATMENT DATE	DOSE	TOTAL CELL COUNT	VOLUME OF SUSPENSION TO INJECT	AREA TREATED (CM ²)
Acquired non-scarring alopecia, follicular miniaturization	ZBO 1969	M	44	Follicular miniaturization	Psychiatric disease	05.03.2013	1 st	630,000	4 ml	100
						21.05.2013	2 nd	1,300,000	4 ml	100
										LOCATION OF IMPLANT
										GF INFILTRATION
										Monthly
										Monthly

Table X

PATIENT ZBO1969 (TREATMENT WITH CELLS)									
15-day FOLLOW-UP	1-MONTH FOLLOW-UP	2-MONTH FOLLOW-UP	3-MONTH FOLLOW-UP	4-MONTH FOLLOW-UP	5-MONTH FOLLOW-UP	6-MONTH FOLLOW-UP	7-MONTH FOLLOW-UP	CONCLUSIONS	OBJECTIVE OF THE STUDY
No adverse events.	Normalization of the seborrheic dermatitis.	Patient satisfied. Greater densification.	NA	NA	NA	NA	NA	Greater densification. Patient requests new treatment	Reactivate follicles from telogen phase to anagen phase.
No adverse events.	NA	More densified area with strong hairs and anagens. Itching stops.	NA	NA	NA	NA	NA	No itching.	

Example 8. Method of treatment of scarring frontal fibrosing alopecia

5 [0083] In order to evaluate the efficacy of the cell composition of the invention in the treatment of scarring frontal fibrosing alopecia, the composition product of Step 2 of example 3 (infiltration throughout the frontal region) was administered via subepidermally to a human subject suffering from this disease. It is noted that this type of alopecia must be treated to limit the spread of alopecia

10 [0084] As it is illustrated in table XI below and also in figure 6, after treatment, the subject did not show any adverse effects and surprisingly, after four months from the first treatment, the composition suppressed the follicular inflammatory process and activated the follicular cells to stop the progression of alopecia. Therefore, this treatment clearly limited the spread of alopecia. For these reasons, this technique is an effective and simple alternative for the treatment of this type of alopecia for which despite the existence of several drugs indicated for this disease, until now there has been no effective treatment. In fact the only successful treatment until now is capillary transplant, but this treatment is only successful provided that the disease has been stable for over 4 years and shows no new signs of active inflammation. In addition to this treatment, other usual treatments are:

15 ◦ Corticoids provide benefit as a result of their anti-inflammatory effect but they can cause atrophy of the skin. It cannot be used in all steps of the disease. It can be applied topically, intralesionally or systemically.

20 ◦ Anti-malaria drugs seem to bring about an improvement in erythema and follicular hyperkeratosis, as well as of the inflammatory signs of the disease, however it does not modify the course of the disease.

25 ◦ Dutasteride is a 5-alpha reductase II inhibitor with an action that is similar to finasteride.

30 ◦ Finasteride efficacy has not been demonstrated in post-menopausal women or in men over 41 years of age.

Table XI

PATIENT ERA1944 (TREATMENT WITH CELLS)												
INDICATION	PATIENT CODE	SEX	AGE	TYPE OF ALOPECIA	DISEASES	ADVANCED MEDICAL TREATMENT DATE	D O S E	TOTAL CELL COUNT	VOLUME OF SUSPENSION TO INJECT	AREA TREATED (CM2)	LOCATION OF IMPLANT	GF INFILTRATION
Acquired scarring frontal fibrosing alopecia	ERA1944	F	69	Frontal fibrosing alopecia	Allergies	14. 10. 2013	1 st	1, 140, 000	4 ml	30	Front	1 and 4 months
PATIENT ERA1944 (TREATMENT WITH CELLS)												
15-day FOLLOW-UP	1-MONTH FOLLOW-UP	2-MONTH FOLLOW-UP	3-MONTH FOLLOW-UP	4-MONTH FOLLOW-UP	5-MONTH FOLLOW-UP	6-MONTH FOLLOW-UP	7-MONTH FOLLOW-UP	CONCLUSIONS	OBJECTIVE OF THE STUDY			
No adverse events	No inflammation is observed in the fibrosing area. Skin is normal.	NA	NA	No signs of inflammation. Alopecia does not progress.	Not yet performed	Not yet performed	Not yet performed	Not yet made	Suppress the follicular inflammatory process and activate cells to stop the progression of alopecia.			

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[0085] In addition, in order to evaluate the efficacy of the cell composition of the invention in the treatment of scarring frontal fibrosing alopecia, the composition product of Step 2 of example 3 (infiltration throughout the frontal region) was also administered via subepidermally to a second human subject suffering from this disease to determine whether this treatment could limit the spread of alopecia.

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[0086] As illustrated in table XII below and also in figure 7, after treatment, the subject did not show any adverse effects and surprisingly, after three months the composition suppressed the follicular inflammatory process and activated the follicular cells to stop the progression of alopecia. Therefore, this proves that this treatment limits the spread of alopecia and for this reason; this technique is an effective and simple alternative for the treatment of this type of alopecia for which despite the existence of several drugs indicated for this disease, until now there has been no effective treatment.

Table XII

PATIENT SFR1945 (TREATMENT WITH CELLS)												
INDICA-TION	PATIENT CODE	SEX	AGE	TYPE OF ALOPECIA	DISEASES	ADVANCED MEDICAL TREATMENT DATE	DOSE	TOTAL CELL COUNT	VOLUME OF SUSPENSION TO INJECT	AREA TREAT-ED (C _{M2})	LOCA-TION OF IMPLANT	GF INFILTRA-TION
Acquired scarring frontal fibro-sing alo-pe-cia	SFR1945	F	68	Frontal fibro-sing alopecia	Osteoporosis	09.07.2013	1 st	6,000,000	4 ml	30	Frontal	15 days, 1, 2, 3, 4, 5 and 6 months
PATIENT SFR1945 (TREATMENT WITH CELLS)												
15-day FOLLOW-UP	1-MONTH FOLLOW-UP	2-MONTH FOLLOW-UP	3-MONTH FOLLOW-UP	4-MONTH FOLLOW-UP	5-MONTH FOLLOW-UP	6-MONTH FOLLOW-UP	7-MONTH FOLLOW-UP	CONCLUSIONS	OBJECTIVE OF THE STUDY			
No adverse events. Stronger and thicker hair observed.	No adverse events. Stronger and thicker hair observed.	Darker hair.	No significant changes. Alopecia stabilizes.	NA	NA	NA	NA	Alopecia stabilizes. No more hair loss.	Suppress the follicular in-flammatory process and activate cells to stop the pro-gression of alopecia.			

Example 9. Method of treatment of Effluviums

[0087] In order to evaluate the efficacy of the cell composition of the invention in the treatment of effluviums, the composition product of Step 2 of example 3 (infiltration throughout the middle region) was administered via subepidermally to a human subject suffering from this disease.

[0088] As illustrated in table XIII below and also in figure 8, after treatment, the subject did not show any adverse effects and surprisingly, after a follow-up period of 5 months the composition stabilized the hair loss and recovered hair density. For these reasons, this technique is an effective and simple alternative for the treatment of this type of alopecia for which no treatment has been demonstrated to be effective.

Table XIII

PATIENT BUB1972 (TREATMENT WITH CELLS)												
INDICATION	PATIENT CODE	SEX	AGE	TYPE OF ALOPECIA	DISEASES	ADVANCED MEDICAL TREATMENT DATE	DOSE	TOTAL CELL COUNT	VOLUME OF SUSPENSION TO INJECT	AREA TREATED (C _{M2})	LOCATION OF IMPLANT	GF INFILTRATION
Acquired non-scarring alopecia. Effluvium.	BUB1972	F	41	Effluvium	No	10.04.2013	1 st	500,000	4 ml	49	Middle area	15days, 1, 2, 3 months
PATIENT BUB1972 (TREATMENT WITH CELLS)												
15-day FOLLOW-UP	1-MONTH FOLLOW-UP	2-MONTH FOLLOW-UP	3-MONTH FOLLOW-UP	4-MONTH FOLLOW-UP	5-MONTH FOLLOW-UP	6-MONTH FOLLOW-UP	7-MONTH FOLLOW-UP	CONCLUSIONS	OBJECTIVE OF THE STUDY			
No adverse events. Patient satisfied	No adverse events. Patient satisfied	Patient satisfied. Greater hair density in the treated area, stronger hair showing more color	NA	Patient satisfied. Greater hair density.	No changes or adverse events. Area controlled.	NA	NA	Greater density	Stabilize or stop hair loss and recover hair density.			

[0089] In addition, in order to evaluate the efficacy of the cell composition of the invention in the treatment of effluviums, the composition product of Step 2 of example 3 (infiltration throughout the middle region) was administered via subepidermally to a second human subject suffering from this disease.

[0090] As illustrated in table XIV below and also in figure 9, after treatment, the subject did not show any adverse effects and surprisingly, after a follow-up period of 6 months the composition stabilized the hair loss and recovered hair density. For these reasons, this technique is an effective and simple alternative for the treatment of this type of alopecia for which no treatment has been demonstrated to be effective.

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Table XIV

PATIENT BLP1969 (TREATMENT WITH CELLS)										
INDICATION	PATIENT CODE	SEX	AGE	TYPE OF ALOPECIA	DISEASES	ADVANCED MEDICAL TREATMENT DATE	DOSE	TOTAL CELL COUNT	VOLUME OF SUSPENSION TO INJECT	AREA TREATED (CM ²)
Acquired non-scarring alopecia. Effluvium.	BLP1 969	F	44	Effluvium	No	01.07.2013	1 st	6,000,000	4 ml	49
										15 days, 1 month
PATIENT BLP1969 (TREATMENT WITH CELLS)										
15-day FOLLOW-UP	1-MONTH FOLLOW-UP	2-MONTH FOLLOW-UP	3-MONTH FOLLOW-UP	4-MONTH FOLLOW-UP	5-MONTH FOLLOW-UP	6-MONTH FOLLOW-UP	7-MONTH FOLLOW-UP	CONCLUSIONS	OBJECTIVE OF THE STUDY	
Patient satisfied. Hair loss has stopped.	Greater hair density is observed in the frontal-parietal area	Patient satisfied. Greater density and stranger hair.	No changes	NA	NA	Patient satisfied and wants to repeat treatment. She is advised to wait.	NA	Greater hair density. Patient requests new treatment.	Stabilize or stop hair loss and recover hair density.	

Example 10. Growth factor analysis of the composition product of Step 2 of example 3

[0091] The authors of the present invention analysed 20 different samples of the composition product of Step 2 of example 3. The following growth factors were found in each of these samples:

Growth Factors	
	Platelet Factor 4
	Heparanase
	PDGF-AA (platelet-derived growth factor AA)
	PDGF-AB (platelet-derived growth factor AB)
	PDGF-BB (platelet-derived growth factor BB)
	Vascular Endothelial Growth Factor (VEGF)
	Epidermal Growth Factor (EGF)
	Transforming growth factor beta 1 (TGFB1)
	Transforming growth factor beta 2 (TGFB2)
	Fibronectin
	Thromboxan B2
	FACTOR V (factor five)
	Insulin-like growth factor 1 (IGF1)
	Leukemia inhibitory factor (LIF)
	Basic fibroblast growth factor
	Acidic fibroblast growth factor
	Hepatocyte growth/scatter factor

[0092] The inventors performed an ELISA using the Kit "Quantikine" (R&D Systems) for each of growth factors above mentioned in each of the 20 samples. The results are shown in the table below:.

	Average percentage over the total amount of growth factors present per sample of the composition of the invention
Platelet Factor 4	32,6282284
Heparanase	0,0000010
PDGF-AA (platelet-derived growth factor AA)	0,0403330
PDGF-AB (platelet-derived growth factor AB)	10,2556375
PDGF-BB (platelet-derived growth factor BB)	4,9106251
Vascular Endothelial Growth Factor (VEGF)	0,0008001
Epidermal Growth Factor (EGF)	0,0487842
Transforming growth factor beta 1 (TGFB1)	20,1660675
Transforming growth factor beta 2 (TGFB2)	0,0003707

(continued)

	Average percentage over the total amount of growth factors present per sample of the composition of the invention
Fibronectin	19,9334987
Thromboxan B2	11,9871694
FACTOR V (factor five)	0,0183830
Insulin-like growth factor 1 (IGF1)	0,0095973
Leukemia inhibitory factor (LIF)	0,0000062
Basic fibroblast growth factor	0,0000355
Acidic fibroblast growth factor	0,0004623

[0093] Therefore, the composition of the invention, in particular the product of step 2 of example 3, comprises the following growth factors: Platelet Factor 4, Heparanase, PDGF-AA (platelet-derived growth factor AA), PDGF-AB (platelet-derived growth factor AB), PDGF-BB (platelet-derived growth factor BB), Vascular Endothelial Growth Factor (VEGF), Epidermal Growth Factor (EGF), Transforming growth factor beta 1 (TGFB1), Transforming growth factor beta 2 (TGFB2), Fibronectin, Thromboxan B2, FACTOR V (factor five), Insulin-like growth factor 1 (IGF1), Leukemia inhibitory factor (LIF), Basic fibroblast growth factor and Acidic fibroblast growth factor.

Example 11. Flow cytometry analysis of the composition product of Step 2 of example 3.

[0094] 11 patients were selected for the present analysis, and the composition of the invention was produced as stated in step 2 of example 3. The following established cell markers (antibodies) were used in each of the compositions:

- Block 1: anti-CD105 - anti- CD18 (for the detection of fibroblasts and CD105+ adult stem cells)
- Block 2: anti-CD34 - anti-CD90 (for the detection of CD34+ haematopoietic stem cell stem cells and CD90+ adult stem cells)
- Block 3: anti-cytokeratin 1(for the detection of keratinocyte cells)
- Block 4: anti-TYRP1(for the detection of melanocytes)

[0095] Each of the samples was analyzed by using flow cytometry. The results are shown in the tables below (in terms of percentage of expression):

	Sample 1	Sample 2	Sample 3	Sample 4	Sample 5	Sample 6
Sex	Male	Male	Male	Male	Male	Female
Age	26	26	41	25	62	68
CD18	4,55	7,55	3,95	8,9	21	25,3
CD105	5,55	5,35	7,05	6,95	12,9	6,05
Cytokeratin 1	4,7	4,1	6,7	3,1	5,2	6,3
CD34	4,95	6,1	6,65	7	9,95	6,75
CD90	19,2	25,95	34	28,6	70,6	51,85
TYRP1	4,7	2,7	4,4	2,1	4,65	3,8

	Sample 7	Sample 8	Sample 9	Sample 10	Sample 11	Average
Sex	Male	Male	Male	Female	Male	

(continued)

	Sample 7	Sample 8	Sample 9	Sample 10	Sample 11	Average
Age	55	64	39	64	46	
CD18	42,05	30,3	35	49,95	28,1	11,875
CD105	22,95	17,55	17,55	9,4	8,35	7,30833333
Cytokeratin 1	11,85	5,5	10,6	10,35	7,85	5,01666667
CD34	16,45	10,35	17,1	8,7	11,5	6,9
CD90	68,45	67,35	70,65	79,4	65,9	38,3666667
TYRP1	3,05	4	10,1	9,2	6,15	3,725

[0096] Therefore, the composition of the invention, in particular the product of step 2 of example 3, comprises the following cell types: fibroblasts, keratinocytes, melanocytes, CD34+ haematopoietic stem cells, CD90+ and CD105+ adult stem cells.

Claims

1. A method of obtaining a composition comprising a cell suspension comprising hair progenitor cells (HPCs) from a human subject and plasma derived growth factors, which comprises the following steps:

- Incubating an isolated tissue sample comprising at least one complete hair follicle from the subject, preferably from the occipital region of the head of the subject, in a suspension of plasma derived growth factors, preferably obtained from the subject; for a period of time between 15 minutes and 1 hour at a temperature of approximately 37 °C;
- Homogenizing the cell composition of step a) by means of a mechanical or manual homogenizer such as a Potter homogenizer; and
- Removing the tissue fragments from the product of step b); preferably by filtration;

wherein in this method the cells from the tissue obtained from the sample of step a) are not enzymatically digested; wherein the suspension of plasma derived growth factors is obtained by separating the blood's cellular fraction from the plasma to form the clot which in turn contains the growth factors..

2. The method of obtaining a composition comprising a cell suspension comprising hair progenitor cells (HPCs) from a human subject and plasma derived growth factors according to claim 1, which consists of the following steps:

- Incubating an isolated tissue sample comprising at least one complete hair follicle from the subject, preferably from the occipital region of the head of the subject, in a suspension of plasma derived growth factors, preferably obtained from the subject; for a period of time between 15 minutes and 1 hour at a temperature of approximately 37 °C;
- Homogenizing the cell composition of step a) by means of a mechanical or manual homogenizer such as a Potter homogenizer; and
- Removing the tissue fragments from the product of step b); preferably by filtration;

wherein the suspension of plasma derived growth factors is obtained by separating the blood's cellular fraction from the plasma to form the clot which in turn contains the growth factors.

3. The method of obtaining a composition comprising a cell suspension comprising hair progenitor cells (HPCs) according to any of claims 1 or 2, wherein the incubation period in step a) is of approximately 30 minutes at a temperature of 37 °C.

4. The method of obtaining a composition comprising a cell suspension comprising hair progenitor cells (HPCs) according to any of claims 1 to 3, wherein the suspension of plasma derived growth factors in step a) comprises: Platelet Factor 4, Heparanase, PDGF-AA (platelet-derived growth factor AA), PDGF-AB (platelet-derived growth

factor AB), PDGF-BB (platelet-derived growth factor BB), Vascular Endothelial Growth Factor (VEGF), Epidermal Growth Factor (EGF), Transforming growth factor beta 1 (TGFB1), Transforming growth factor beta 2 (TGFB2), Fibronectin, Thromboxan B2, FACTOR V (factor five), Insulin-like growth factor 1 (IGF1), Leukemia inhibitory factor (LIF), Basic fibroblast growth factor and Acidic fibroblast growth factor.

- 5 5. The method of any of claims 1-4, wherein this method is implemented by a device.
6. A cell suspension comprising hair progenitor cells (HPCs) of a human subject obtained or obtainable by means of the method of any of claims 1 to 5.
- 10 7. A composition comprising the cell suspension of claim 6.
8. A cell suspension of claim 6 or the composition of claim 7, wherein said composition or cell suspension is **characterized by** comprising:
 - 15 a. Platelet Factor 4, Heparanase, PDGF-AA (platelet-derived growth factor AA), PDGF-AB (platelet-derived growth factor AB), PDGF-BB (platelet-derived growth factor BB), Vascular Endothelial Growth Factor (VEGF), Epidermal Growth Factor (EGF), Transforming growth factor beta 1 (TGFB1), Transforming growth factor beta 2 (TGFB2), Fibronectin, Thromboxan B2, FACTOR V (factor five), Insulin-like growth factor 1 (IGF1), Leukemia inhibitory factor (LIF), Basic fibroblast growth factor and Acidic fibroblast growth factor; and
 - 20 b. fibroblasts, keratinocytes, melanocytes, CD34+ haematopoietic stem cells, CD90+ and CD105+ adult stem cells.
9. A cell suspension or a composition as defined in any of claims 6 to 8 for use in the treatment of alopecia or in the treatment of an inflammatory skin disorder.
10. A cell suspension or a composition as defined in any of claims 6 to 8 for use in the treatment of scarring or non-scarring alopecia.
11. A cell suspension or a composition as defined in any of claims 6 to 8 for use in the treatment of hair implant scarring alopecia.
12. A cell suspension or a composition as defined in any of claims 6 to 8 for use in the treatment of scarring alopecia acquired by radiation.
13. A cell suspension or a composition as defined in any of claims 6 to 8 for use in the treatment of frontal fibrosing scarring alopecia.
14. A cell suspension or a composition as defined in any of claims 6 to 8 for use in the treatment of autoimmune non-scarring (Areata) alopecia.
15. A cell suspension or a composition as defined in any of claims 6 to 8 for use in the treatment of non-scarring follicular miniaturization alopecia and Effluviums.
16. A cosmetic suspension or composition comprising the cell suspension or composition as defined in any of claims 6 to 8.
17. Cosmetic use of the cosmetic suspension or composition of claim 16 in a human subject for treating hair loss.

Patentansprüche

1. Verfahren zum Gewinnen einer Zusammensetzung, die eine Zellsuspension umfasst, umfassend Haarvorläuferzellen (HPC) eines humanen Subjekts und plasmaabgeleitete Wachstumsfaktoren, umfassend die folgenden Schritte:
 - a. Inkubieren einer isolierten Gewebeprobe umfassend mindestens einen ganzen Haarfollikel des Individuums, vorzugsweise des okzipitalen Bereichs des Kopfes des Individuums, in einer Suspension aus plasmaabgelei-

teten Wachstumsfaktoren, die vorzugsweise von dem Individuum gewonnen wurde; für eine Zeitspanne zwischen 15 Minuten und 1 Stunde bei einer Temperatur von etwa 37 °C;

b. Homogenisieren der Zellzusammensetzung aus Schritt a) mittels einen mechanischen oder manuellen Homogenisator wie einem Potter-Homogenisator; und

c. Entfernen der Gewebefragmente von dem Produkt aus Schritt b); vorzugsweise durch Filtration;

wobei in diesem Verfahren die Zellen von dem von der Probe aus Schritt a) gewonnenem Gewebe enzymatisch nicht verdaut werden;

wobei die Suspension aus plasmaabgeleiteten Wachstumsfaktoren durch Trennen der Zellfraktion des Bluts vom Plasma gewonnen wird, um das Gerinnsel zu bilden, das wiederum die Wachstumsfaktoren enthält.

2. Verfahren zum Gewinnen einer Zusammensetzung, die eine Zellsuspension umfasst, umfassend Haarvorläuferzellen (HPC) eines humanen Subjekts und plasmaabgeleitete Wachstumsfaktoren nach Anspruch 1, bestehend aus den folgenden Schritten:

a. Inkubieren einer isolierten Gewebeprobe umfassend mindestens einen ganzen Haarfollikel des Individuums, vorzugsweise des okzipitalen Bereichs des Kopfes des Individuums, in einer Suspension aus plasmaabgeleiteten Wachstumsfaktoren, die vorzugsweise von dem Individuum gewonnen wurde; für eine Zeitspanne zwischen 15 Minuten und 1 Stunde bei einer Temperatur von etwa 37 °C;

b. Homogenisieren der Zellzusammensetzung aus Schritt a) mittels einen mechanischen oder manuellen Homogenisator wie einem Potter-Homogenisator; und

c. Entfernen der Gewebefragmente von dem Produkt aus Schritt b); vorzugsweise durch Filtration;

wobei die Suspension aus plasmaabgeleiteten Wachstumsfaktoren durch Trennen der Zellfraktion des Bluts vom Plasma gewonnen wird, um das Gerinnsel zu bilden, das wiederum die Wachstumsfaktoren enthält.

3. Verfahren zum Gewinnen einer Zusammensetzung, die eine Zellsuspension umfasst, umfassend Haarvorläuferzellen (HPC) nach einem der Ansprüche 1 oder 2, wobei die Inkubationsdauer in Schritt a) bei einer Temperatur von 37 °C etwa 30 Minuten beträgt.

4. Verfahren zum Gewinnen einer Zusammensetzung, die eine Zellsuspension umfasst, umfassend Haarvorläuferzellen (HPC) nach einem der Ansprüche 1 bis 3, wobei die Suspension aus plasmaabgeleiteten Wachstumsfaktoren in Schritt a) Folgendes umfasst: Plättchenfaktor 4, Heparanase, PDGF-AA (plättchenabgeleiteter Wachstumsfaktor AA), PDGF-AB (plättchenabgeleiteter Wachstumsfaktor AB), PDGF-BB (plättchenabgeleiteter Wachstumsfaktor BB), vaskulärer endothelialer Wachstumsfaktor (VEGF), epidermaler Wachstumsfaktor (EGF), transformierender Wachstumsfaktor beta 1 (TGFB1), transformierender Wachstumsfaktor beta 2 (TGFB2), Fibronectin, Thromboxan B2, FACTOR V (Faktor fünf), insulinähnlicher Wachstumsfaktor 1 (IGF1), Leukämie-inhibierender Faktor (LIF), basischer Fibroblastenwachstumsfaktor und saurer Fibroblastenwachstumsfaktor.

5. Verfahren nach einem der Ansprüche 1-4, wobei dieses Verfahren durch eine Vorrichtung implementiert ist.

6. Zellsuspension, umfassend Haarvorläuferzellen (HPC) eines humanen Individuums, die mittels dem Verfahren nach einem der Ansprüche 1 bis 5 gewonnen wurden oder gewinnbar sind.

7. Zusammensetzung, umfassend die Zellsuspension nach Anspruch 6.

8. Zellsuspension nach Anspruch 6, Zusammensetzung nach Anspruch 7, wobei die Zusammensetzung oder Zellsuspension **dadurch gekennzeichnet ist, dass** sie Folgendes umfasst:

a. Plättchenfaktor 4, Heparanase, PDGF-AA (plättchenabgeleiteter Wachstumsfaktor AA), PDGF-AB (plättchenabgeleiteter Wachstumsfaktor AB), PDGF-BB (plättchenabgeleiteter Wachstumsfaktor BB), vaskulärer endothelialer Wachstumsfaktor (VEGF), epidermaler Wachstumsfaktor (EGF), transformierender Wachstumsfaktor beta 1 (TGFB1), transformierender Wachstumsfaktor beta 2 (TGFB2), Fibronectin, Thromboxan B2, FACTOR V (Faktor fünf), insulinähnlicher Wachstumsfaktor 1 (IGF1), Leukämie-inhibierender Faktor (LIF), basischer Fibroblastenwachstumsfaktor und saurer Fibroblastenwachstumsfaktor; und

b. Fibroblasten, Keratinozyten, Melanozyten, CD34+ hämatopoetische Stammzellen, CD90+ und CD105+ erwachsene Stammzellen.

9. Zellsuspension oder Zusammensetzung nach der Definition in einem der Ansprüche 6 bis 8 zur Verwendung bei der Behandlung von Alopezie oder bei der Behandlung einer entzündlichen Hautstörung.
10. Zellsuspension oder Zusammensetzung nach der Definition in einem der Ansprüche 6 bis 8 zur Verwendung bei der Behandlung von vernarbender oder nichtvernarbender Alopezie.
11. Zellsuspension oder Zusammensetzung nach der Definition in einem der Ansprüche 6 bis 8 zur Verwendung bei der Behandlung von vernarbender Alopezie durch Haarimplantat.
12. Zellsuspension oder Zusammensetzung nach der Definition in einem der Ansprüche 6 bis 8 zur Verwendung bei der Behandlung von vernarbender Alopezie erlangt durch Strahlung.
13. Zellsuspension oder Zusammensetzung nach der Definition in einem der Ansprüche 6 bis 8 zur Verwendung bei der Behandlung von frontal fibrosierender vernarbender Alopezie.
14. Zellsuspension oder Zusammensetzung nach der Definition in einem der Ansprüche 6 bis 8 zur Verwendung bei der Behandlung von nichtvernarbender Autoimmunalopezie (Alopecia areata).
15. Zellsuspension oder Zusammensetzung nach der Definition in einem der Ansprüche 6 bis 8 zur Verwendung bei der Behandlung von nichtvernarbender Follikelminiaturisierungsalopezie und Effluvium.
16. Kosmetische Suspension oder Zusammensetzung, umfassend die Zellsuspension oder Zusammensetzung nach der Definition in einem der Ansprüche 6 bis 8.
17. Kosmetische Verwendung der kosmetischen Suspension oder Zusammensetzung nach Anspruch 16 in einem humanen Individuum zum Behandeln von Haarausfall.

Revendications

1. Procédé d'obtention d'une composition comprenant une suspension cellulaire comprenant des cellules progénitrices du cheveu (HPC) provenant d'un sujet humain et des facteurs de croissance dérivés du plasma, qui comprend les étapes suivantes :
 - a. l'incubation d'un échantillon de tissu isolé comprenant au moins un follicule pileux complet du sujet, de préférence de la région occipitale de la tête du sujet, dans une suspension de facteurs de croissance dérivés du plasma, de préférence provenant du sujet ; pendant une durée comprise entre 15 minutes et 1 heure à une température d'environ 37°C ;
 - b. l'homogénéisation de la composition cellulaire de l'étape a) au moyen d'un homogénéisateur mécanique ou manuel tel qu'un homogénéisateur de Potter ; et
 - c. l'élimination des fragments de tissu du produit de l'étape b) ; de préférence par filtration ;selon ledit procédé, les cellules du tissu obtenues à partir de l'échantillon de l'étape a) n'étant pas digérées de manière enzymatique ;
la suspension de facteurs de croissance dérivés du plasma étant obtenue par séparation de la fraction cellulaire du sang du plasma pour former le caillot qui contient à son tour les facteurs de croissance.
2. Procédé d'obtention d'une composition comprenant une suspension cellulaire comprenant des cellules progénitrices du cheveu (HPC) provenant d'un sujet humain et des facteurs de croissance dérivés du plasma selon la revendication 1, qui comprend les étapes suivantes :
 - a. l'incubation d'un échantillon de tissu isolé comprenant au moins un follicule pileux complet du sujet, de préférence de la région occipitale de la tête du sujet, dans une suspension de facteurs de croissance dérivés du plasma, de préférence provenant du sujet ; pendant une durée comprise entre 15 minutes et 1 heure à une température d'environ 37°C ;
 - b. l'homogénéisation de la composition cellulaire de l'étape a) au moyen d'un homogénéisateur mécanique ou manuel tel qu'un homogénéisateur de Potter ; et
 - c. l'élimination des fragments de tissu du produit de l'étape b) ; de préférence par filtration ;

la suspension de facteurs de croissance dérivés du plasma étant obtenue par séparation de la fraction cellulaire du sang du plasma pour former le caillot qui contient à son tour les facteurs de croissance.

3. Procédé d'obtention d'une composition comprenant une suspension cellulaire comprenant des cellules progénitrices du cheveu (HPC) selon l'une quelconque des revendications 1 ou 2, la période d'incubation à l'étape a) étant d'environ 30 minutes à une température de 37°C.

4. Procédé d'obtention d'une composition comprenant une suspension cellulaire comprenant des cellules progénitrices du cheveu (HPC) selon l'une quelconque des revendications 1 à 3, la suspension de facteurs de croissance dérivés du plasma à l'étape a) comprenant : le facteur d'activation plaquettaire 4, l'héparanase, le PDGF-AA (facteur de croissance dérivé des plaquettes AA), le PDGF-AB (facteur de croissance dérivé des plaquettes AB), le PDGF-BB (facteur de croissance dérivé des plaquettes BB), le facteur de croissance de l'endothélium vasculaire (VEGF), le facteur de croissance épidermique (EGF), le facteur de croissance transformant bêta 1 (TGFB1), le facteur de croissance transformant bêta 2 (TGFB2), la fibronectine, le thromboxane B2, le FACTEUR V (facteur cinq), le facteur 1 de croissance analogue à l'insuline (IGF1), le facteur inhibiteur de la leucémie (LIF), le facteur de croissance basique des fibroblastes et le facteur acide de croissance des fibroblastes.

5. Procédé selon l'une quelconque des revendications 1 à 4, ledit procédé étant mis en oeuvre par un dispositif.

6. Suspension cellulaire comprenant des cellules progénitrices du cheveu (HPC) d'un sujet humain, obtenue ou pouvant être obtenue au moyen du procédé selon l'une quelconque des revendications 1 à 5.

7. Composition comprenant la suspension cellulaire selon la revendication 6.

8. Suspension cellulaire selon la revendication 6, composition selon la revendication 7, ladite composition ou suspension cellulaire étant **caractérisée en ce qu'elle** comprend :

a. le facteur d'activation plaquettaire 4, l'héparanase, le PDGF-AA (facteur de croissance dérivé des plaquettes AA), le PDGF-AB (facteur de croissance dérivé des plaquettes AB), le PDGF-BB (facteur de croissance dérivé des plaquettes BB), le facteur de croissance de l'endothélium vasculaire (VEGF), le facteur de croissance épidermique (EGF), le facteur de croissance transformant bêta 1 (TGFB1), le facteur de croissance transformant bêta 2 (TGFB2), la fibronectine, le thromboxane B2, le FACTEUR V (facteur cinq), le facteur 1 de croissance analogue à l'insuline (IGF1), le facteur inhibiteur de la leucémie (LIF), le facteur de croissance basique des fibroblastes et le facteur acide de croissance des fibroblastes ; et

b. des fibroblastes, des kératinocytes, des mélanocytes, des cellules souches hématopoïétiques CD34 +, des cellules souches adultes CD90 + et CD105 +.

9. Suspension cellulaire ou composition selon l'une quelconque des revendications 6 à 8, destinée à être utilisée dans le traitement de l'alopécie ou dans le traitement d'un trouble inflammatoire de la peau.

10. Suspension cellulaire ou composition selon l'une quelconque des revendications 6 à 8, destinée à être utilisée dans le traitement de l'alopécie cicatricielle ou non cicatricielle.

11. Suspension cellulaire ou composition selon l'une quelconque des revendications 6 à 8, destinée à être utilisée dans le traitement de l'alopécie cicatricielle sur implants capillaires.

12. Suspension cellulaire ou composition selon l'une quelconque des revendications 6 à 8, destinée à être utilisée dans le traitement de l'alopécie cicatricielle acquise par rayonnement.

13. Suspension cellulaire ou composition selon l'une quelconque des revendications 6 à 8, destinée à être utilisée dans le traitement de l'alopécie cicatricielle frontale fibrosante.

14. Suspension cellulaire ou composition selon l'une quelconque des revendications 6 à 8, destinée à être utilisée dans le traitement de l'alopécie auto-immune non cicatricielle (Areata).

15. Suspension cellulaire ou composition selon l'une quelconque des revendications 6 à 8, destinée à être utilisée dans le traitement de l'alopécie non cicatricielle par miniaturisation folliculaire non cicatricielle et d'effluviums.

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16. Suspension ou composition cosmétique comprenant la suspension ou la composition cellulaire telle que définie dans l'une quelconque des revendications 6 à 8.
17. Utilisation cosmétique de la suspension ou de la composition cosmétique selon la revendication 16 chez un sujet humain destinée au traitement de la chute des cheveux.

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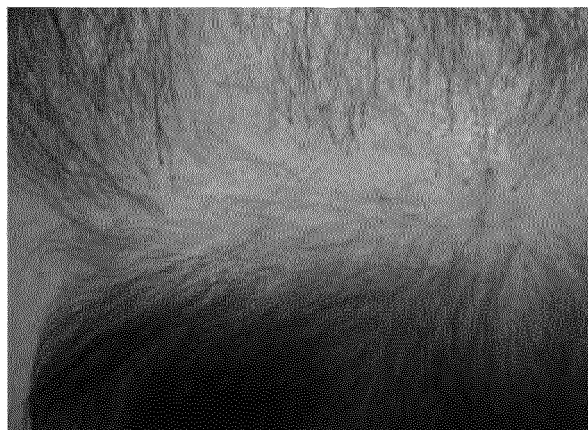
FIGURE 1.



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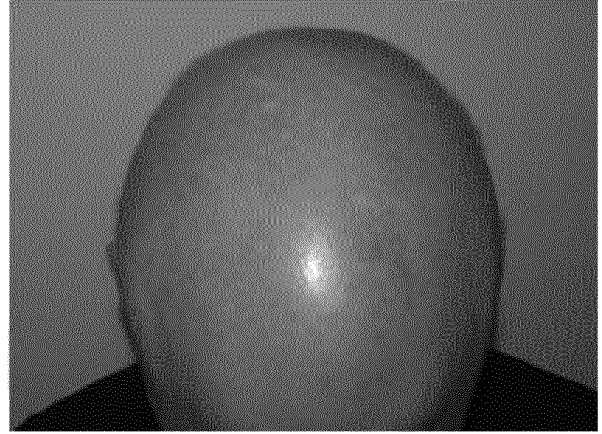


B) 25.03.13

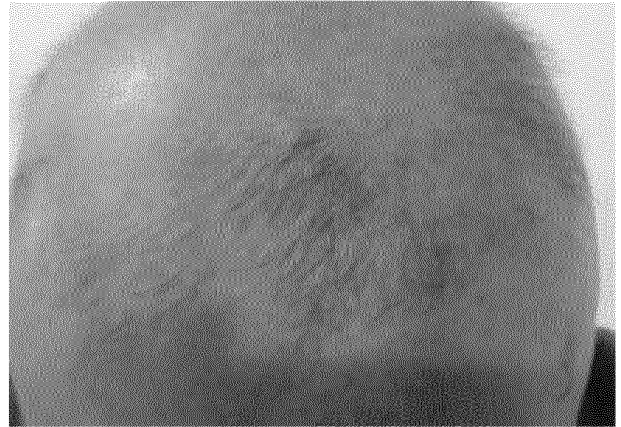


C) 11.12.13

FIGURE 2.



A) 12-7-2013



B) 18-10-2013

FIGURE 3.



A) 09.10.2012



B) 26.06.2013

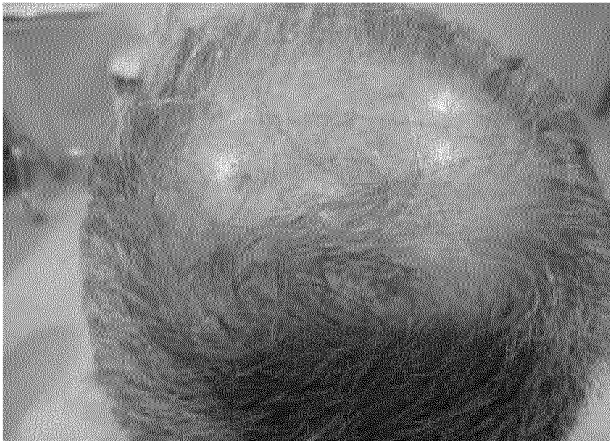


C) 19.12.2013

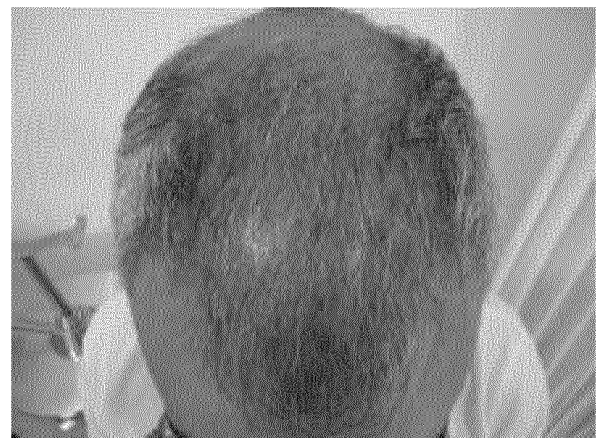


D)

FIGURE 4



A) 18.04.2013

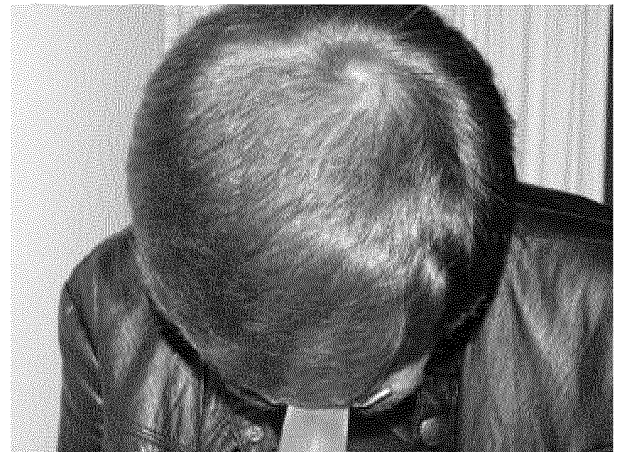


B) 10-06-2013

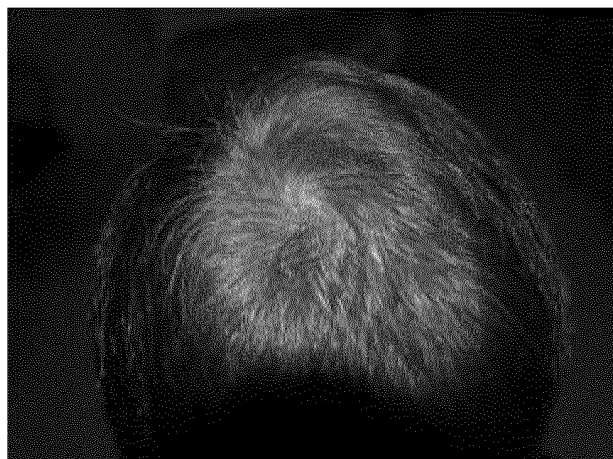
FIGURE 5



A) 05.03.2013

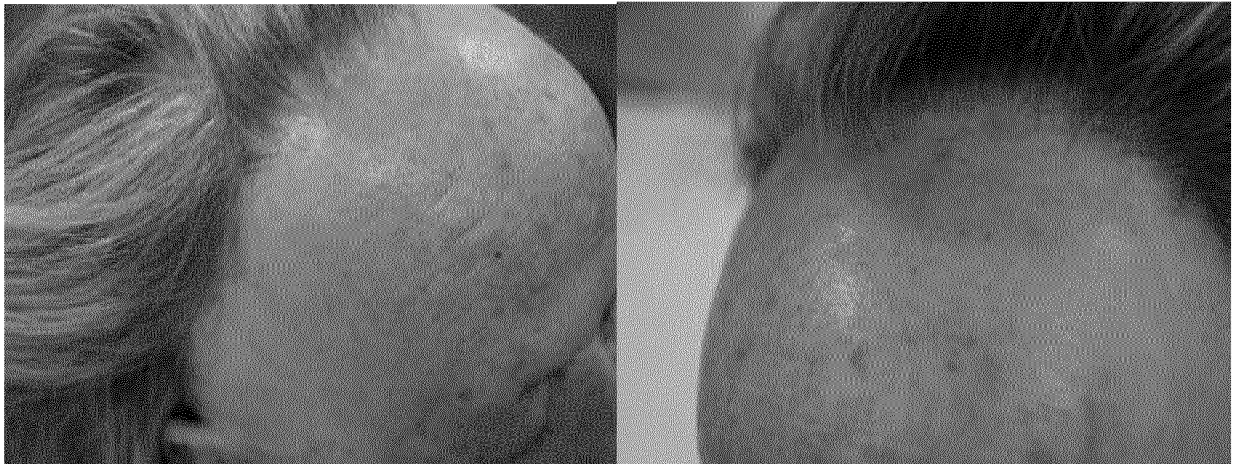


B) 20.06.2013



C) 12-07-2013

FIGURE 6

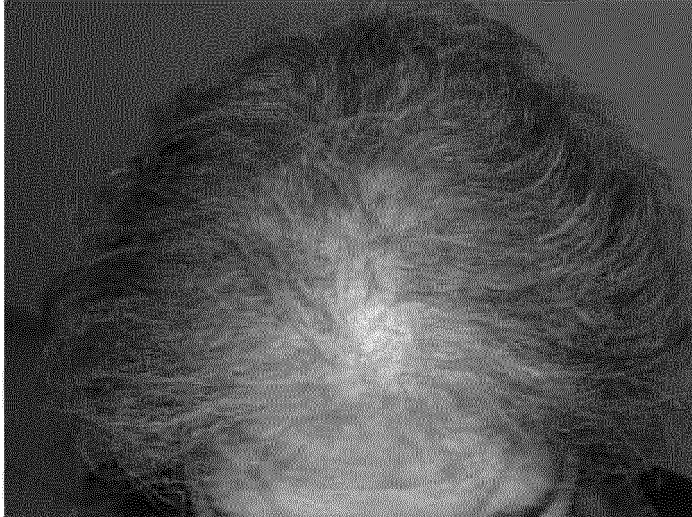


A) 14.10.2013

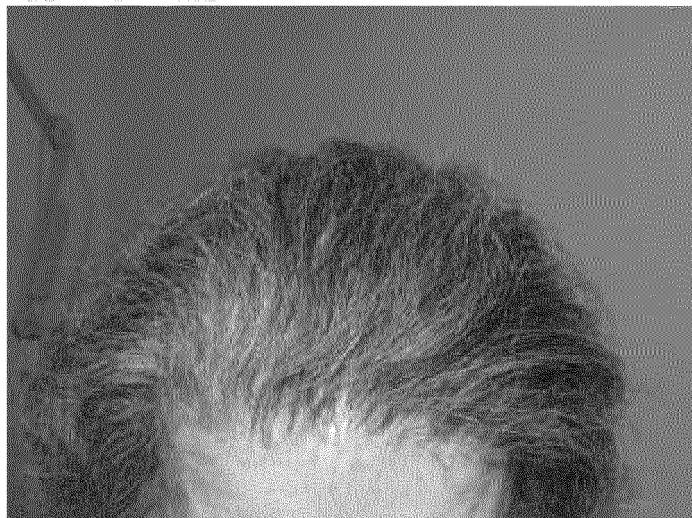


B) 11.02.2014

FIGURE 7



A) 05.04.2013



B) 11.02.2014

FIGURE 8



A) 10-04-2013



B) 22.05.2013

FIGURE 9



A) 09.09.2010



B) 18.02.2014

REFERENCES CITED IN THE DESCRIPTION

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